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| SCC eFile | 2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 213544718 | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: BMIC Service Corp.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 10/31/2013</p> <p>SCC ID NO: F1312000</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>8,000</td> </tr> </table> </div> </div> | | | CLASS | AUTHORIZED | COMMON | 8,000 | |
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| COMMON | 8,000 | | | | | | |
| <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> | | | | | | | |
| <p>4.) STATE OR COUNTRY OF INCORPORATION: RI</p> | | | | | | | |
| <p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: ONE BEACON CENTRE</p> <p style="text-align: center;">CITY/ST/ZIP: WARWICK, RI 02886</p> | | | | | | | |
| <p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p> | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JAMES V ROSATI TITLE: P/CEO ADDRESS: ONE BEACON CENTRE CITY/ST/ZIP/CO: WARWICK, RI 02886 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table> | | | NAME: JAMES V ROSATI TITLE: P/CEO ADDRESS: ONE BEACON CENTRE CITY/ST/ZIP/CO: WARWICK, RI 02886 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
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| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | RAYMOND COIA DIRECTOR ONE BEACON CENTRE WARWICK, RI 02886 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | RICHARD J DERIENZO DIRECTOR ONE BEACON CENTRE WARWICK, RI 02886 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | MCHAEAL LYNCH DIRECTOR ONE BEACON CENTRE WARWICK, RI 02886 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | MICHAEL RUGGIERI DIRECTOR ONE BEACON CENTRE WARWICK, RI 02886 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | CAROL SACCUCCI DIRECTOR ONE BEACON CENTRE WARWICK, RI 02886 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | JOHN TREANOR DIRECTOR ONE BEACON CENTRE WARWICK, RI 02886 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | ROBERT WALSH DIRECTOR ONE BEACON CENTRE WARWICK, RI 02864 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | | |
| /s/ JAMES V ROSATI | | JAMES V ROSATI, P/CEO | |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | | DATE | |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | | |